
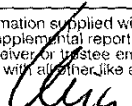


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91328 050 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

80095679

<b>DOCUMENT #</b> F96000000605 1. Entity Name SPS ScreenPrintingSystems U.S.A. Inc. ✓					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 2497 SW Reilley Ave. Suite, Apt. #, etc.		3. Mailing Address 2497 SW Reilley Ave. Suite, Apt. #, etc.			
City & State Palm City FL 34990 Zip Country		City & State Palm City FL 34900 Zip Country			
4. FEI Number 36-4019327		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent			
		Name <u>CORPORATION SERVICE COMPANY</u>			
		Street Address (P.O. Box Number is Not Acceptable)			
		1201 Hays Street			
City <u>Tallahassee FL 32301-2525</u> <b>FL</b> Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
C/P/T Kaiser, Axel Bochumer Str. 10 42279 wuppertal GERMANY					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE:  _____		Axel Kaiser			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04-16-2003 Daytime Phone # #49(202)2658-0			

CR2E034B (12/02)